PART B - FEE(S) TRANSMITTAL

Complete and send has form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

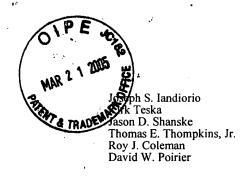
(703) 746-4000

INSTRUCTION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Fee and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Fee and recorrespondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

ndicated unless corrected naintenance fee notificatio	below or directed otherwise ons.	in Block 1, by (a)) specifying a	a new co	rrespondence a	ddress;	and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		٠.	Note: A certific	cate of	mailing can only be used f	or domestic mailings of the	
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	7590 12/20/2004				have its own cer	mincate	of mailing or transmission.		
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WALTHAM, MA	02154 03/22/2005 M	BIZNNES 000000	21 ADSEREA		addressed to the transmitted to the	ne Mail ne USP7	Stop ISSUE FEE address (703) 746-4000, on the	smission g deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name)	
	01 FC:1501		140	0.00 UH 0.00 UH	Maria	nne (G. Tarczal	(Depositor's name)	
	J	A. 04 O	lau		100	(Signature)			
	,						2005	(Date)	
					March	1/,	2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAM		INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
08/925,208	208 09/08/1997 D			AVID JOHN RICHARDSON GJ-195J 5254					
TITLE OF INVENTION: E	BROADBAND LASER SOUI	RCE			11	03/2	2/2005 MBIZUNEE 00000	032 090002 0992520 8	
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APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PU	BLICATION FEE	<u> </u>	TOTAL FEE(S) DUE	DATE DUE	
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. Change of correspondence (CFR 1.363).	ce address or indication of "Fe	e Address" (37	•	_	he patent front p	•			
_ ′	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
Change of correspon Address form PTO/SB/1									
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.									
. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	r type)		· · · · · · · · · · · · · · · · · · ·	······································	
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will app Γa substitute	ear on the	ne patent. If an gan assignment.	assigne	ee is identified below, the o	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Universit	So	outhampton, Hampshire, United Kingdom							
lease check the appropriat	e assignee category or categor	ries (will not be pri	inted on the p	atent):	☐ Individual	☑ Co	rporation or other private gr	roup entity Government	
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XI Issue Fee XIA check in the amount of the fee(s) is enclosed.								,	
Publication Fee (No	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to								
Advance Order - # o	of Copies1U		Deposit Acc	ector is hount Nur	ereby authorize nber <u>09–00</u>	d by ch	large the required fee(s), or (enclose an extra c	copy of this form).	
. Change in Entity Status	s (from status indicated above)							
a. Applicant claims S	SMALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no	longer claiming	g SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Interest as shown by the rec	is requested to apply the Issu Publication Fee (if required) words of the United States Pate	e Fee and Publicat vill not be accepted int and Trademark	tion Fee (if and I from anyone Office.	y) or to i	e-apply any pro an the applicant	eviously t; a regis	paid issue fee to the applic stered attorney or agent; or t	ation identified above. the assignee or other party in	
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Authorized Signature			Date <u>March 17, 2005</u>						
Typed or printed name _	Registration No. 43,915								
his collection of informati n application. Confidentia	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C.	11. The informatio 122 and 37 CFR	n is required 1.14. This col	to obtain lection i	or retain a bene s estimated to ta	fit by th	ne public which is to file (anninutes to complete, includi	d by the USPTO to process) ng gathering, preparing, and	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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March 17, 2005

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBJECT:

Applicant:

David John Richardson

Serial No:

08/925,208

Filed:

September 8, 1997

Confirm. No: 5254

Date Mailed: December 20, 2004

Examiner:

Rodriguez, Armando

Group:

2828

Docket No:

GJ-195J

Dear Sir:

Enclosed are the Form PTOL-85 and a check in the amount of \$1,430.00, including \$1,400.00 for the Issue Fee and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help to advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts, at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit any overpayment to my deposit account.

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Reg. No. 43,915

JDS/mgt Enclosure